

<b>Case Number:</b>	CM15-0035146		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who sustained an industrial injury on 02/05/14. She reports right hand and knee, lumbar spine and buttocks pain, as well as stress, anxiety, and sleeping disorder. Diagnoses include lumbar dysfunction, lumbar strain/sprain, right carpal and wrist strain/sprain, right knee sprain/strain, status post bilateral knee surgery, left knee internal derangement, and left knee strain/sprain. Treatments to date include medications and surgeries. In a progress note dated 01/05/15 the treating provider recommends medications, lumbar and wrist braces, TENS unit, MRI of bilateral knees, x-rays of the bilateral knees and right wrist, acupuncture, physical therapy, and voltage sensory nerve conduction threshold testing of the right wrist and bilateral knees. On 02/03/15 Utilization Review non-certified the MRIs of the bilateral knees, acupuncture, and x-rays of the right wrist, citing MTUS guidelines. The voltage sensory nerve conduction threshold testing of the bilateral lower extremities, were non-certified, citing ODG guidelines. The voltage sensory conduction threshold testing of the right upper extremity, physical therapy, and x-rays of the bilateral knees were also non-certified, with no citation provided in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRIs (magnetic resonance imaging).

**Decision rationale:** ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes fail to indicate that the patient is undergoing home therapy. ODG further details indications for MRI: Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.-Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The treating physician does not indicate additional information that would warrant an MRI of the knee, such as post-surgical knee assessment, reinjury, or other significant change since last MRI. The ODG guidelines advise against 'routine' repeat MRI. As such, the request for MRI Left Knee is not medically necessary.

**MRI of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (Magnetic resonance imaging).

**Decision rationale:** ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes fail to indicate that the patient is undergoing home therapy. ODG further details indications for MRI: Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The treating physician does not indicate additional information that would warrant an MRI of the knee, such as post-surgical knee assessment, reinjury, or other significant change since last MRI. The ODG guidelines advise against 'routine' repeat MRI. As such, the request for MRI Right Knee is not medically necessary.

**Acupuncture 1 x 6, Lumbar Spine, Right Wrist, Bilateral Knees, quantity 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab

efforts. The initial trial should 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. As such, the request for Acupuncture 1 x 6, Lumbar Spine, Right Wrist, Bilateral Knees, quantity 6 is not medically necessary.

### **Voltage-Actuated Sensory Nerve Conduction Threshold Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, (CPT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines CMS.gov, Decision Memo for Electrodiagnostic Sensory Nerve Conduction Threshold (CAG-00106R).

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." CMS also specifically writes regarding sensory or voltage type nerve conduction testing, "Based on the evidence as a whole, CMS concludes that the use of any type of s-NCT device (e.g., current output type device used to perform CPT, PPT, or PTT testing or 'voltage input' type device used for v-NCT testing) to diagnose sensory neuropathies or radiculopathies." The medical notes have not met the above ACOEM and ODG criteria for a nerve conduction testing of the upper extremities. Additionally, this special type of NCS is not recommended by Center for Medicare/Medicaid Services. As such the request for Voltage-Actuated Sensory Nerve Conduction Threshold Right Upper Extremity is not medically necessary.

### **X-rays of the Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The MTUS states that in regards to imaging of the wrist, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided

red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. An acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint and laxity when that side of the joint is stressed (compared to the other side), may indicate a gamekeeper thumb or rupture of the ligament at that location. Radiographic films may show a fracture; stress views, if obtainable, may show laxity. The diagnosis may necessitate surgical repair of the ligament; therefore, a surgical referral is warranted. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections (see Table 11-4) is usually an indication for re-aspiration or referral, based on the treating physician's judgment.- A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended. If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Table 11-6 provides a general comparison of the abilities of different imaging techniques to identify physiologic insult and define anatomic defects. In this case, there is no evidence of any of the red flag indications as noted above. As such, the request for Right Wrist X-ray is not medically necessary.

**Voltage-Actuated Sensory Nerve Conduction Threshold Left Lower Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck & Upper Back (CPT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & chronic), EMG, NCV.

**Decision rationale:** ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical records fail to document radiculopathy. As such, the request for is not medically necessary. Voltage-Actuated Sensory Nerve Conduction Threshold Left Lower Extremity.

**Voltage-Actuated Sensory Nerve Conduction Threshold left Lower Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

**Decision rationale:** ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical records fail to document radiculopathy. As such, the request for Voltage-Actuated Sensory Nerve Conduction Threshold Right Lower Extremity is not medically necessary.